	Name:				
	Address				
Your	City, Stat	te and Zip Code:			
Guar	dian for v	Vard:			
			R COURT OF ARIZONA RICOPA COUNTY		
In the Matter of:			Case Number PB		
(Name of Ward)		Λ.	ANNUAL REPORT OF GUARDIAN		
(IVaII	ie di vvaiu	)	DUE <u></u> MO DAY YR		
			PERIOD FROM TO MO DAY YR		
an ac each	dult or ming year on th	or ward to advise the court ne anniversary date of your	aw (A.R.S. 14-5209(4) and 14-5315) requires every guardian of each year regarding their Ward. Please complete this report appointment as guardian. When complete, mail the report to:		
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FOR CLERK'S USE ONLY

the home or facility.

В.

Give the name of the facility, address, name and telephone number of the person in charge of

		Name of Person in Charge or Facility:				
		Address:				
		Telephone Number:				
<b>.</b>	_	Information about the Ward's Doctor. Ward's Current Doctor:				
		Doctor's Address:				
		or's Telephone Number:				
	Info A.	Information about the Ward's physical and mental health.				
	B.	Changes in Ward's health. Have there been any major changes in the Ward's physical and/or mental condition in the last year? If so, please describe the change.				
	C.	Attach a copy of the doctor's report about the Ward's current physical and mental condition.				
	_	Information about the Ward's Guardian.  Guardian's Name:				
	Guar	dian's Address:				
	Guar	Guardian's Telephone Number:				
	Numb	Information about the Guardianship.  Number of times the Guardian has seen the Ward in the last 12 months:  Date of the last visit:				
	The (	Guardian's opinion about whether the guardianship should continue: (Explain.)				
		rmation about the person responsible for managing the Ward's assets:				
		Address:				
		phone Number:				
	<b>Information about State, County or Federal Agency Services:</b> Does the Ward received any state, county or federal agency services? If so, write in the name of the agency contact and describe the services received by the Ward.					
	DATE	ED:				
		Print Guardian's Name				

Case No.

		Case No	
		Signature of Guardia	n
AFFIDAVIT OF MAILING: I promise I	mailed this Annual R	eport of Guardian to the fo	llowing people at the
following address(es) on this date:	(Month/Day/Year)		

(Signature of Person Mailing Document)